

# Puzzled by the terminology?

A Guide for Providers

Revised  
August 10, 2004

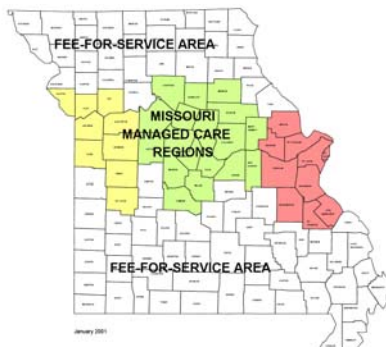
## MC+

MC+ refers to the statewide medical assistance program for low income families, pregnant women, children, and uninsured parents. MC+ recipients receive their care through either the Fee-for-Service (FFS) delivery system or the Managed Care delivery system, depending on where the individual lives in Missouri.

MC+ FFS program serves recipients not enrolled in MC+ Managed Care, and provides some services not included in MC+ Managed Care. All of Missouri Medicaid's providers are automatically enrolled as approved providers eligible to treat MC+ FFS recipients. MC+ FFS recipients may freely choose which approved provider they go to for care under the MC+ FFS delivery system.

MC+ Managed Care serves MC+ Managed Care members in 37 counties of Missouri. MC+ Managed Care members must select a managed care plan and a primary care provider (PCP) within the plan. That provider may refer the member to other providers based on care needed. Providers must be in the MC+ Managed Care health plan network.

MC+ Managed Care members may be seen by any MC+ FFS provider until the member is effective in an MC+ Managed Care plan. There are some services that are not included in MC+ Managed Care and continue to be covered by MC+ FFS. Providers can determine whether members are covered by MC+ Managed Care or MC+ FFS by swiping the red MC+ card or calling the Interactive Voice System (IVR) at 1-800-392-0938 and using option "1".



| NUMBER OF HEALTH PLANS |   |
|------------------------|---|
| Central Region         | 2 |
| Eastern Region         | 3 |
| Western Region         | 4 |

| NUMBER OF COUNTIES |    |
|--------------------|----|
| Central Region     | 18 |
| Eastern Region     | 10 |
| Western Region     | 9  |

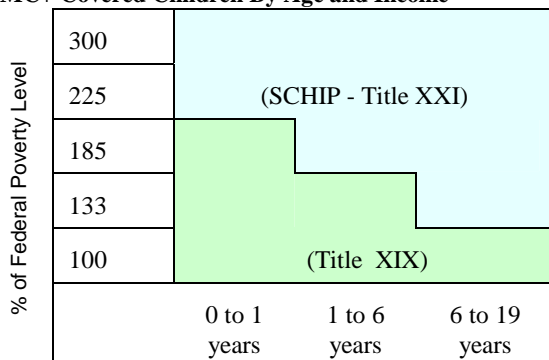
Individuals in the following ME codes are in the MC+ program and receive a full comprehensive package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision. Transplants and non-emergency medical transportation are covered for most eligibility groups. For more information, call 1-800-392-0938.

| ME Code | Description   |
|---------|---|
| 05      | Medical Assistance for Families - Adult                         |
| 06      | Medical Assistance for Families - Child                         |
| 07      | Medical Assistance - Foster Care                                |
| 08      | Child Welfare Services-Foster Care                              |
| 10      | Vietnamese or Other Refugees                                    |
| 18      | Unborn Child  |
| 19      | Cuban Refugee   |
| 21      | Haitian Refugee   |
| 24      | Russian Jew   |
| 26      | Ethiopian Refugee   |
| 29      | Division of Youth Services-Foster Care                          |
| 30      | Juvenile Courts - Foster Care                                   |
| 36      | Adoption Subsidy - Federal Financial Participation              |
| 37      | Title XIX - Homeless, Dependent, Neglected                      |
| 40      | Medical Assistance - Poverty                                    |
| 43      | Pregnant Woman - 60 Day Assistance                              |
| 44      | Pregnant Woman - 60 Day Assistance - Poverty                    |
| 45      | Pregnant Woman - Poverty  |
| 50      | Division of Youth Services-Poverty                              |
| 52      | Division of Youth Services-General Revenue                      |
| 56      | Medical Assistance - Foster Care - Adoption Subsidy             |
| 57      | Child Welfare Services - Foster Care - Adoption Subsidy         |
| 60      | Newborn   |
| 61      | Medicaid for Pregnant Women - Health Initiative Fund            |
| 62      | Medicaid for Children - Health Initiative Fund                  |
| 63      | Child Welfare Services - Health Initiative Fund (Obsolete)      |
| 64      | Group Home - Health Initiative Fund (State Placement)           |
| 65      | Group Home - Health Initiative Fund (Parent/Guardian Placement) |
| 66      | Child Welfare Services - Health Initiative Fund (Replaced 63)   |
| 68      | Division of Youth Services - Health Initiative Fund             |
| 69      | Juvenile Courts - Health Initiative Fund                        |
| 70      | Juvenile Courts - Poverty                                       |
| 87      | Presumptive Eligibility Child (Covered by MC+ FFS)              |

## MC+ FOR KIDS

MC+ for Kids is a subgroup of MC+ and refers to health insurance for uninsured children funded through the State Children's Health Insurance Program (SCHIP). These children must be under age 19, have a family income below 300% poverty, have been uninsured for 6 months or more, and have no access to other health insurance coverage for less than \$335 per month (for premium group only.)

### MC+ Covered Children By Age and Income



These children receive the same full comprehensive package the MC+ individuals receive except MC+ for Kids individuals are not eligible for non-emergency medical transportation. Some MC+ for Kids individuals must pay co-payments and/or premiums. MC+ for Kids ME codes and cost sharing requirements include the following:

### NO COPAY GROUP

| ME Code | Description                                     |
|---------|---|
| 71      | Children ages 1 thru 5; family income 134-150%  |
| 72      | Children ages 6 thru 18; family income 101-150% |
| 73      | Children ages 1 thru 18; family income 151-185% |

### COPAY GROUP - \$5 professional visit copay

| ME Code | Description                                      |
|---------|--|
| 74      | Children ages 0 thru 18; family income 186 -225% |

PREMIUM GROUP - Effective July 1, 2004 premiums per family per month range from \$62 to \$252 depending on family size and income. (See Premium Chart on back.) Copays are \$9 for each prescription and \$10 for each professional visit. These amounts may change in July of each year.\*

| ME Code | Description                                      |
|---------|--|
| 75      | Children ages 0 thru 18; family income 226 -300% |

## UNINSURED PARENTS

Individuals in the following ME code in the MC+ program, are referred to as "uninsured parents", and receive a benefit package similar to commercial insurance which limits dental to trauma and vision care to disease or trauma related conditions. These parents pay a copay of \$10 for office visits and \$5 per prescription.\*

### ME Code    Description

76        Parents transitioning from welfare to work with incomes below 100% poverty

## MEDICAID

In Missouri, Medicaid refers to the fee-for-service program for elderly and disabled individuals. These individuals receive a full comprehensive benefit package and may receive services from any provider enrolled with Medicaid. The ME codes included in the Medicaid program are as follows:

### ME Code    Description

01        Old Age Assistance  
02        Blind Pension (Transplants and non-emergency medical transportation are not covered.)  
03        Aid to Blind  
04        Permanently and Totally Disabled  
11        Medical Assistance - Old Age Assistance  
12        Medical Assistance - Aid to the Blind  
13        Medical Assistance - Permanently and Totally Disabled  
14        Nursing Care - Old Age Assistance  
15        Nursing Care - Aid to the Blind  
16        Nursing Care - Permanently and Totally Disabled  
23        Medical Assistance  
28        Department of Mental Health  
33        MO Children with Developmental Disabilities (DMH Match)  
34        MO Children with Developmental Disabilities (DSS Match)  
41        Intermediate Care Facility for Mentally Retarded - Poverty  
49        Department of Mental Health-Poverty  
67        Dept of Mental Health - Health Initiative Fund  
83        Presumptive Eligibility - Breast or Cervical Cancer Treatment (BCCT)  
84        Regular Benefit - Breast or Cervical Cancer Treatment (BCCT)  
85        Medical Assistance for Workers with Disabilities - Premium  
86        Medical Assistance for Workers with Disabilities - Non-Premium

## GENERAL RELIEF

General Relief (GR) (ME Code 09) helps needy, unemployable persons who do not qualify for any other assistance program. GR recipients are funded with state monies. Services covered for GR recipients age 21 and over include: inpatient hospital services up to 21 days continuous, outpatient hospital services, laboratory and X-ray services, physician services, pharmacy, emergency ambulance services, orthopedic devices, durable medical equipment, and prosthetic devices (excluding dentures, eyeglasses and hearing aids), home health care, hospice services, ambulatory surgical care, dental & optical care for trauma and disease only, limited psychiatric services, CSTAR, and rehabilitation centers. GR recipients 20 and under are not restricted and have full benefits except transplants.

## MEDICAID - LIMITED BENEFIT PACKAGE

The following ME codes are also referred to as Medicaid, but receive a limited benefit package.

### ME Code    Description

55        Qualified Medicare Beneficiary (QMB)-Only  
58        Presumptive Eligibility (Non-subsidized)  
59        Presumptive Eligibility (Subsidized)  
80        Women's Health Services

## HELP LINE PHONE NUMBERS

All of these programs are administered by the Department of Social Services, Division of Medical Services. If you have questions regarding any of these programs, you may contact one of the following:

- Providers wishing to enroll as Medicaid/MC+ providers can obtain an application at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms) or contact **Provider Enrollment** at [providerenrollment@mail.medicaid.state.mo.us](mailto:providerenrollment@mail.medicaid.state.mo.us).
- Providers with inquiries should call **Provider Relations** at 573-751-2896 or 1-800-392-0938 or consult on-line provider manuals at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms).
- Individuals with inquiries or questions about co-payments should call **Recipient Services** at 573-751-6527 or 1-800-392-2161.
- Individuals wishing to enroll or change MC+ Managed Care health plans should call the **MC+ Managed Care Enrollment Help Line** at 1-800-348-6627.
- Individuals who have questions about premiums should call the **Premium Collections Unit** at 1-877-888-2811
- Individuals with general eligibility questions should contact the Family Support Division office located in their county of residence.
- Individuals wanting information about the **Health Insurance Premium Payment (HIPP) Program** should call 573-751-2005. DMS will pay insurance premium if recipient qualifies.
- Individuals and providers with questions about Non-Emergency Medical Transportation (NEMT) may call the **NEMT Help Line** at 1-888-863-9513 (for MC+ fee-for-service and Medicaid recipients.)
- Persons wishing to apply for MC+ should call the **MC+ Service Center Line** at 1-888-275-5908. Persons wishing to apply for Medicaid should contact the Family Support Division office located in their county of residence.

**Premium Chart for MC+ for Kids  
July 2004 (ME Code 75)**

| Family Size | Monthly Income             | Premium Amount |
|-------------|----------------------------|----------------|
| 1           | \$ 1,746.01 to \$ 1,940.00 | \$62           |
| 1           | \$ 1,940.01 to \$ 2,134.00 | \$72           |
| 1           | \$ 2,134.01 to \$ 2,328.00 | \$82           |
| 2           | \$ 2,342.01 to \$ 2,603.00 | \$92           |
| 2           | \$ 2,603.01 to \$ 2,863.00 | \$105          |
| 2           | \$ 2,863.01 to \$ 3,123.00 | \$118          |
| 3           | \$ 2,939.01 to \$ 3,265.00 | \$122          |
| 3           | \$ 3,265.01 to \$ 3,592.00 | \$138          |
| 3           | \$ 3,592.01 to \$ 3,918.00 | \$155          |
| 4           | \$ 3,535.01 to \$ 3,928.00 | \$152          |
| 4           | \$ 3,928.01 to \$ 4,320.00 | \$171          |
| 4           | \$ 4,320.01 to \$ 4,713.00 | \$191          |
| 5           | \$ 4,131.01 to \$ 4,590.00 | \$182          |
| 5           | \$ 4,590.01 to \$ 5,049.00 | \$205          |
| 5           | \$ 5,049.01 to \$ 5,508.00 | \$227          |
| 6           | \$ 4,727.01 to \$ 5,253.00 | \$211          |
| 6           | \$ 5,253.01 to \$ 5,778.00 | \$238          |
| 6           | \$ 5,778.01 to \$ 6,303.00 | \$252          |
| 7           | \$ 5,324.01 to \$ 5,915.00 | \$241          |
| 7 and over  | \$ 5,915.01 and above      | \$252          |

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**\*Providers may not deny services when the individual cannot pay the \$5.00, \$9.00, or \$10.00 copay. The individual remains responsible for the copay.**